

**IN THE UNITED STATES PATENT AND TRADEMARK OFFICE**

**In re Application of:** Navarro et al.

**Docket No.:** ISAA0010

5 **Serial No. :** 09/697,062

**Art Unit:** 3627

**Filed:** October 26, 2000

**Examiner:** R. Dye

**Title:** DATA CENTER FOR ACCOUNT MANAGEMENT

May 20, 2003

10 **P.O. Box** 1450

Alexandria, VA 22313-1450

**AMENDMENT**

15 **Sir:**

This is in response to the Office Action which was mailed to Applicant on 26 February 2003, for the above-identified patent application. Applicant considers this document to be filed in a timely manner.

20

**In the Claims**

Please cancel Claim 6 without prejudice.

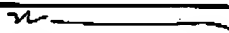
25 Please add Claim 30, as follows (Clean Copy):

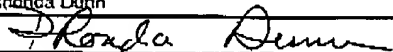
PTO/SB/21 (03-03)

Approved for use through 04/30/2003. OMB 0851-0031  
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<b>TRANSMITTAL FORM</b> (to be used for all correspondence after initial filing)	Application Number	08/697,062	
	Filing Date	10/26/2000	
	First Named Inventor	Navarro	
	Art Unit	3627	
	Examiner Name	Dyc. Rona	
Total Number of Pages in This Submission	22	Attorney Docket Number	ISAA0010

ENCLOSURES (Check all that apply)		
<input type="checkbox"/> Fee Transmittal Form <input type="checkbox"/> Fee Attached <input checked="" type="checkbox"/> Amendment/Reply <input type="checkbox"/> After Final <input type="checkbox"/> Affidavits/declaration(s) <input type="checkbox"/> Extension of Time Request <input type="checkbox"/> Express Abandonment Request <input type="checkbox"/> Information Disclosure Statement <input type="checkbox"/> Certified Copy of Priority Document(s) <input type="checkbox"/> Response to Missing Parts/Incomplete Application <input type="checkbox"/> Response to Missing Parts under 37 CFR 1.52 or 1.53	<input type="checkbox"/> Drawing(s) <input type="checkbox"/> Licensing-related Papers <input type="checkbox"/> Petition <input type="checkbox"/> Petition to Convert to a Provisional Application <input type="checkbox"/> Power of Attorney, Revocation <input type="checkbox"/> Change of Correspondence Address <input type="checkbox"/> Terminal Disclaimer <input type="checkbox"/> Request for Refund <input type="checkbox"/> CD, Number of CD(s) _____	<input type="checkbox"/> After Allowance Communication to a Technology Center (TC) <input type="checkbox"/> Appeal Communication to Board of Appeals and Interferences <input type="checkbox"/> Appeal Communication to TC (Appeal Notice, Brief, Reply Brief) <input type="checkbox"/> Proprietary Information <input type="checkbox"/> Status Letter <input type="checkbox"/> Other Enclosure(s) (please identify below):
Remarks		<b>FAX RECEIVED</b> MAY 27 2003 GROUP 3600
Signature of Applicant, Attorney, or Agent Firm or Individual: Michael A. Glenn, Reg. No. 30,176 Signature:  Date: 5/22/2003		

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Typed or printed	Rhonda Dunn		
Signature			Date 5/22/2003

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